PTO/SB/17 (10-07)

Under the Paperwork Red	duction Act of 199	5 no persons are re	equired to r	U.S. Pate espond to a collect	Approve ent and Trademark ion of information	d for use throu Office, U.S. E unless it displi	gh 06/30/2010. OMB 0651-003 DEPARTMENT OF COMMERC Bys a valid OMB control numbe
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
				Application No	umber 10	716,5	584
FEET			AL	Filing Date			18, 2003
F	or FY 2	800		First Named In	nventor Ja	mes A.	Kweeder
Applicant claims small entity status. See 37 CFR 1.27				Examiner Nan	ne Kr	iellic	n A. Sanders
TOTAL AMOUNT OF PAYMENT (6)				Art Unit	17	96	
		0.00		Attorney Dock	et No. HC	004407	.35624 -4690
METHOD OF PAYME	ENT (check al	that apply)					
	lit Card 🔲	Money Order	Nor	ne Other	(please identify);		
Deposit Account Deposit Account Number: 500977							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below  X Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) or undernayments of fee(s)							
WARNING: Information on this form was the form and the fo							
FEE CALCULATION							
1. BASIC FILING, SE.	ARCH, AND E	XAMINATION	FEES				
	FILING F	EES mail Entity	SEAR	CH FEES	EXAMINATI		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)		all Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Design	210	105	100	50	130	65	-
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255		310	-
Provisional	210	105	0	0	0	0	-
2. EXCESS CLAIM FE	EES			•	•	U	Small Entity
Fee Description Each claim over 20 (including Reissues)						Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)						50	25
Multiple dependent claims						210 370	105
Total Claims							185 pendent Claims
- 20 or HP =		×				Fee (\$)	Fee Paid (\$)
HP = highest number of tot Indep. Claims	al claims paid for, Extra Claims	if greater than 20.	F	Pald (\$)			100 1 410 101
- 3 or HP =			_	zaid (\$)	-		
HP = highest number of inde 3. APPLICATION SIZE	ependent claims p	aid for, if greater th	an 3.				
If the specification and	d drawings ex	ceed 100 sheets	s of nane	r (evcluding of	antennia all. C	1. 4	
						ned sequen	ce or computer
sheets or fraction t		3 U.S.C. 411an	IN(i) at	nd 37 CFR 1 1 <i>6</i>	(e)		acii additionai 50
- 100 =	Extra Sheets	/ 50 =	or each	additional 50 or	fraction there	of Fee (	<ol> <li>Fee Pald (\$)</li> </ol>
4. OTHER FEE(S)							=
5 January (150 fee (no sman entity discount)							Fees Pald (\$)
Other (e.g., late filing surcharge):							
SUBMITTED BY							
gnature Registration No. 46,264 (Attorney/Agent) 46,264						Telephone 949-224-6282	
ame (Print/Type) \$andra P. Thompson						Date 2/18/2010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or testin as benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to lake 30 minutes to complete. Including pathening, preparing, and submitting the completed application from the USFTO. The will vary for a first wind with the control of the moment of time you require to complete this form and/or suppessions for reducing this burden, should be sent to test the including and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Mexandrie, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Mexandria, VA 22331-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Mexandria, VA 22331-1407.